		CLAIMS.AS	EILED:	PART			SM	ALL:E	NTITY -		OTHER	TH
.073			(Celum	n·1)	-(Colu	mn·2)	TYF	E	-		SMALE	
TOTAL CLAIMS			17				F	ATE	FEE		. RATE.	E
FOR			NÜMBER FILED		NUMBER EXTRA		ВА	SICFEE	385.00	ÖR	BASIC FEE	770
TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS							×	S 9=		OR	X\$18=	
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- न	the difference	in column 1 is	eru, ants	eru, anter 101 in column 2			TOTAL		OR			
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<u>.</u> •.	If the entry in colu	mn t is less than t	he entry in co	dumn 2, writ	e	olumn 3	<u> </u>	TOTAL		OŘ	- TOTAL	1

Application or Docket Number

Parent and : Indemark Office, U.S. DEPARTMENT OF COMMERCE